



Request for Service Credit Cost Information — Redeposit of Withdrawn Contributions

888 CalPERS (or 888-225-7377) • TTY: For Speech & Hearing Impaired (916) 795-3240

Name of Member (Last Name, First Name, Middle Initial)

Social Security Number

Section 1

Please include
your full first and last
name, followed by
your middle initial.

About You

Have you requested this cost information before? ☐ No ☐ Yes

Requested Date (mm/dd/yyyy)

Have you submitted a retirement application? ☐ No ☐ Yes

Retirement Date (mm/dd/yyyy)

Former Name (if applicable)

Current Employer

Mailing Address

City

State

ZIP Code

Daytime Phone

Section 2

Please include the month,
day, and year for all
dates as: mm/dd/yyyy.
Do not abbreviate your
employer's name.

Employment Information

List all periods of employment for which you withdrew contributions.

Employer

From (mm/dd/yyyy)

To (mm/dd/yyyy)

Employer

From (mm/dd/yyyy)

To (mm/dd/yyyy)

Employer

From (mm/dd/yyyy)

To (mm/dd/yyyy)

Employer

From (mm/dd/yyyy)

To (mm/dd/yyyy)

☐ Funds transferred due to a community property settlement agreement, and these funds have since been withdrawn by my former spouse or domestic partner.

Section 3

If you are currently a
CalPERS member, sign
the form, make a copy
for your records, and
mail the original to the
address shown on the
back of this form.

Certification

I hereby certify that the above information is true and correct.

Signature

Date (mm/dd/yyyy)

If you are a member of
another California public
retirement system and
currently not a CalPERS
member, forward this form
to your current retirement
system for completion of
Sections 4, 5 and 6 before
returning to CalPERS. See
CalPERS publication *A Guide
to Your CalPERS Service
Credit Purchase Options*
for more information.

Put your name and
Social Security number
at the top of every page.

Name of Member (Last Name, First Name, Middle Initial)

Social Security Number

Section 4

This form is used to
obtain the member and
employment information
required to redeposit
withdrawn CalPERS
contributions and establish
reciprocity with your
current retirement system.

Retirement System Certification (To be completed by member's current retirement system.)

Retirement System

Employer

Address

City

State

ZIP Code

Section 5

Member Employment History

First Appointment Date (mm/dd/yyyy)

Effective Date of Membership in Your System (mm/dd/yyyy)

Current Pay Rate & Time Base

Total Service Credit in Your System

Is the member retired/retiring? ☐ No ☐ Yes

Date of Retirement (mm/dd/yyyy)

Is the service noted in Section 2 already credited in your system? ☐ No ☐ Yes

Is the employee currently a member of your system? ☐ No ☐ Yes

Section 6

Please return this request
form to the member.

Statement & Signature of Retirement System Representative

I hereby certify that the above information is true and correct.

Your Signature

Social Security Number or Tax Identification Number of the Member

Date (mm/dd/yyyy)

Printed Name

Title

Daytime Phone

FAX

Mail to:

CalPERS Member Services Division • P.O. Box 4000, Sacramento, California 95812-4000